

# **REISSUE PATENT APPLICATION TRANSMITTAL**

**Address to:**

**Assistant Commissioner for Patents  
Box Reissue  
Washington, DC 20231**

**Attorney Docket No.**
**L&P-1379**
**First Named Inventor**
**Brenda W. Wickstrom**
**Original Patent Number**
**6,272,700**
**Original Patent Issue Date  
(Month/Day/Year)**
**08/14/2001**
**Express Mail Label No.**
**EV355034832US**
**APPLICATION FOR REISSUE OF:**
*(Check applicable box)*

**Utility Patent**

**Design Patent**

**Plant Patent**
**APPLICATION ELEMENTS (37 CFR 1.173)**

1. ☒ **Fee Transmittal Form (PTO/SB/56)**  
*(Submit an original, and a duplicate for fee processing)*
2. ☐ **Applicant claims small entity status. See 37 CFR 1.27.**
3. ☒ **Specification and Claims in double column copy of patent format (amended, if appropriate)**
4. ☐ **Drawing(s) (proposed amendments, if appropriate)**
5. ☒ **Reissue Oath/Declaration (original or copy)**  
*(37 C.F.R. § 1.175) (PTO/SB/51 or 52)*
6. ☒ **Power of Attorney**
7. **Original U.S. Patent currently assigned?** ☒ **Yes** ☐ **No**  
*(If Yes, check applicable box(es))*
  - ☒ **Written Consent of all Assignees (PTO/SB/53)**
  - ☒ **37 C.F.R. § 3.73(b) Statement (PTO/SB/96)**
8. ☐ **CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table**
9. **Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)**
  - a. ☐ **Computer Readable Form (CRF)**
  - b. **Specification Sequence Listing on:**
    - i. ☐ **CD-ROM (2 copies) or CD-R (2 copies); or**
    - ii. ☐ **paper**
  - c. ☐ **Statements verifying identity of above copies**

**ACCOMPANYING APPLICATION PARTS**

10. ☒ **Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).**
11. ☐ **Original U.S. Patent for surrender**
  - ☐ **Ribboned Original Patent Grant**
  - ☐ **Statement of Loss (PTO/SB/55)**
12. ☐ **Foreign Priority Claim (35 U.S.C. 119) (if applicable)**
13. ☐ **Information Disclosure Statement (IDS)/PTO-1449** ☐ **Copies of IDS Citations**
14. ☐ **English Translation of Reissue Oath/Declaration (if applicable)**
15. ☒ **Preliminary Amendment**
16. ☒ **Return Receipt Postcard (MPEP 503) (Should be specifically itemized)**
17. **Other:** \_\_\_\_\_

**18. CORRESPONDENCE ADDRESS**

**Customer Number or Bar Code Label**
**or ☒ Correspondence address below**
*(Insert Customer No. or Attach bar code label here)*
**Name**
**J. Dwight Poffenberger, Jr.**
**Address**
**Wood, Herron & Evans, LLP**
**2700 Carew Tower, 441 Vine Street**
**Zip Code**
**45202**
**City**
**Cincinnati**
**State**
**Ohio**
**Fax**
**513-421-7269**
**Country**
**USA**
**Telephone**
**513-241-2324**
**NAME (Print/Type)**
**J. Dwight Poffenberger, Jr.**
**Registration No. (Attorney/Agent)**
**35,324**
**Signature**
**J. Dwight Poffenberger, Jr.**
**Date**
**July 24, 2003**

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

10/6/19519  
07/14/03